

SUMMER FOOD SERVICE PROGRAM

2016 SITE APPLICATION



701 N.W 1st Court, 9<sup>th</sup> floor  
MIAMI, FLORIDA 33136  
PHONE: (786) 469-4622  
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Please **COMPLETE** each section. **DO NOT LEAVE** any section blank:

☐ **NEW SITE** (Pre-Approval needed)

☐ Previous Year Participation

☐ Change of Name (Pre-Approval needed)

☐ Change of Address (Pre-Approval needed)

1). \* **NAME OF MAIN ORGANIZATION:** \_\_\_\_\_

\* Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Address: \_\_\_\_\_

\* City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\* Coordinating Supervisor's Name: \_\_\_\_\_

\* E-mail Address: \_\_\_\_\_

(Print Clearly)

2). **NAME OF SITE SERVING MEALS:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3). Two names and Title of people in Charge at Site **both must attend mandatory training:**

A. Name 1: \_\_\_\_\_ Title: \_\_\_\_\_

B. Name 2: \_\_\_\_\_ Title: \_\_\_\_\_

4). Type of Site: (Check One Only)

☐ Recreational Center

☐ School

☐ Summer Camp

☐ Public Housing

☐ Park

☐ Church

☐ Social Services

☐ Other (Specify): \_\_\_\_\_

**Note:** Earliest time meals can be delivered to site: \_\_\_\_\_ (AM)  
Participation on the program will be based on approval of application , site  
Inspection, signed agreement.



**NOTE:** There must be a three hour period between the beginning of one meal period and beginning another. Breakfast can last 1 hour; Lunch can last 2 hours; Snack 1 hour.

**EXAMPLE:** Breakfast Served – From: 8:00 – 9:00 am (1 hr.)  
Lunch Served – From: 12:00 to 2:00 pm (2hrs.)  
Snack Served – From: 3:00 to 4:00 pm (1 hr.)

**6). Daily Attendance**

No. of BREAKFAST:

No. of LUNCHES:

No. of SNACKS:

**7). Times meals are served**

From \_\_\_\_\_ To \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

**TIP:** PLACE YOUR MEAL COUNT ACCORDING TO PREVIOUS YEAR CHILDREN PARTICIPATION.

**ONLY TWO MEALS ALLOWED FOR EACH SITE.**

**8). SITE OPERATING DATES:**

**BEGINNING:** \_\_\_\_\_ / \_\_\_\_\_ / 2016  
M D Y

**ENDING:** \_\_\_\_\_ / \_\_\_\_\_ / 2016

**Total number of weeks:** \_\_\_\_\_

**IMPORTANT:** The Program will be serving meals from June 13, 2016 to August 19, 2016

9). **Does site have adequate refrigeration and equipment to keep food cold/warm available for** (Check One Only).

☐ All Meals

☐ Leftover Meals Only

10). Does the site have indoor facilities or shelter in case of inclement weather? ☐ Yes ☐ No

11). List the name of Dade County Public School(s) attended by children at the site:

(List more than one if applicable)

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

12). What types of organized activities are planned at the site other than lunch program?

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

An enrollment list of participants will be required to be maintained at site before service begins.

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**ALL ORGANIZATIONS MUST SEND COPY OF CURRENT 501 (C) (3) FORM along with the application**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

*Should you need further information contact Rani Panchanathan at (786)469-4789 or Susanne DeMatas at (786) 469-4671.*